

CLAIMS ONLY

Application Number

09-945027

Filing Date

Anwendung:

6-605 + 705

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2	/	1		1		1
3						
4		2				
5	/		/	①	/	②
6						
7						
8		2				
9	/	③	/	④	/	⑤
10			/		/	
11			/		/	
12			/		/	
13			/		/	
14			/		/	
15			/		/	
16			/		/	
17			/		/	
18			/		/	
19	/		/		/	
20			/		/	
21			/		/	
22			/		/	
23	/		/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35			/		/	
36			/		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
Total Indep	10		12		12	
Total Depend		12		12		12
Total Claims	20	24	24	24	24	24